

ACCIDENT INVESTIGATION REPORT
TOTAL EARTH SERVICES, LLC

REPORT# _____

1. Name of injured: (b) (6) _____

2. Sex ()M ()F Age: 24 _____ Date of Accident: 1-10-19

3. Time of Accident: 9:15 A.M. _____ P.M. Day of Accident: _____

4. Employee's Job Title Laborer _____

5. Length of time on current site: Years _____ Months _____ Employment/hire date: _____

6. Address of location where the accident occurred: VA Hospital _____

7. Nature of injury: Injury type, and part of body affected: (b) (6) _____

8. Describe the accident and how it occurred: wall caved in on him

9. Cause of the accident: improper excavation

10. Was personal protection equipment required? () yes () no Was it provided? () yes () no
Was it being used? () yes () no If "NO", explain Harness not on site EIR 114/19

Was it being used properly? () yes () no If "No", explain _____

11. Witness(es): (b) (6) _____

12. Safety training current () yes () no If "NO", explain _____

13. Temporary corrective action(s) taken: excavation filled in

14. Permanent corrective action taken to prevent recurrence: excavation filled in

15. Date of report: 1-11-19
Prepared by: (b) (6) _____

Person(s) notified of Accident: (b) (6) _____

Supervisor (Signature) (b) (6) _____ Date: 1-11-19

16. Status and follow up action taken by safety coordinator:

Safety Coordinator (Signature) _____ Date: _____

**TOTAL EARTH SERVICES, LLC
ACCIDENT/INJURY REPORT**

Foreman must complete report and return to the Human Resource Department within 24 hours.

Name: **(b) (6)**

Social Security Number: **(b) (6)**

Date of Accident: 1-10-19

Birthday: **(b) (6)**

Time of Accident: 9-9:15 (A.M.) P.M.

Place of Accident: Veterans Hospital Gainesville Fla

Witnesses: (if any)

Treatment:

Name: **(b) (6)**

First Aid Given? Yes No

Address: **(b) (6)**

By whom? Paramedics

Phone #:

Hospitalized? Yes No

Physician:

Nature and extent of injuries: unknown

How did accident/injury occur? (Be specific; use extra sheet if necessary)

Job or activity engaged in at time of injury (Be specific): shooting grade in an
excavation

Describe any unsafe conditions, methods or practices related to the accident:

Employee Signature

Date

(b) (6)

1-10-19

Foreman's Signature

Date

VA Hospital

Gainesville, Fla

Job Name
0030

0030

0030

Job Location